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ABSTRACT

Head Start is a national program that provides comprehensive developmental services for preschool children (ages 3 to 5) from low-income families and social services for their families. Approximately 1,400 community-based nonprofit organizations and school systems develop programs to meet specific needs. Head Start began in 1965 in the Office of Economic Opportunity and is now administered by the Administration for Children and Families. In fiscal year 1999, $4.66 billion was allocated for Head Start services. This fact sheet describes the overall program and several of its more focused components. The first section of the fact sheet covers the major components of Head Start--education, health, parent involvement, and social services--and the general grant process. The next sections discuss Head Start programs for American Indians and migrants, providing program statistics and general information. The third section describes improvements to Head Start, including increased funding and new performance standards. The fact sheet concludes with sections on Early Head Start, which expands the program to children under age 3 and pregnant women, and on new investments in the program. (EV)

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Fact Sheet

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Administration for Children and Families

ED 426 815

Head Start

Head Start is a national program which provides comprehensive developmental services for America's low-income, pre-school children ages three to five and social services for their families. Approximately 1,400 community-based non-profit organizations and school systems develop unique and innovative programs to meet specific needs.

Head Start began in 1965 in the Office of Economic Opportunity and is now administered by the Administration for Children and Families. In FY 1999, $4.66 billion is available for Head Start services.

Major Components of Head Start

Head Start provides diverse services to meet the goals of the following four components:

- Education - Head Start's educational program is designed to meet the needs of each child, the community served, and its ethnic and cultural characteristics. Every child receives a variety of learning experiences to foster intellectual, social, and emotional growth.
- Health - Head Start emphasizes the importance of the early identification of health problems. Every child is involved in a comprehensive health program, which includes immunizations, medical, dental, and mental health, and nutritional services.
- Parent Involvement - An essential part of Head Start is the involvement of parents in parent education, program planning, and operating activities. Many parents serve as members of policy councils and committees and have a voice in administrative and managerial decisions. Participation in classes and workshops on child development and staff visits to the home allow parents to learn about the needs of their children and about educational activities that can take place at home.
- Social Services - Specific services are geared to each family after its needs are determined. They include: community outreach; referrals; family need assessments; recruitment and enrollment of children; and emergency assistance and/or crisis intervention.

Grants are awarded to local public or private non-profit agencies. Twenty percent of the total cost of a Head Start program must be contributed by the community. Head Start programs operate in all 50 states, the District of Columbia, Puerto Rico, and the U.S. territories.

Most of the Head Start program's appropriation funds local Head Start projects. The remainder isused for: training and technical assistance to assist local projects in meeting the Head Start Program Performance Standards and in maintaining and improving the quality of local programs; research, demonstration, and evaluation activities to test innovative program models and to assess program effectiveness; and required monitoring activities.

Head Start provides training to staff at all levels and in all program areas. The Child Development Associate (CDA) program gives professional and non-professional employees the opportunity to pursue academic degrees or certification in early childhood education.

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Volunteers are an important part of all Head Start programs. High school and college students, homemakers, parents of Head Start children, retired senior citizens -- all kinds of people -- have offered critical help to local Head Start programs. Volunteers assist with: indoor creative play; transportation; parent education; renovation of centers; and recruiting and instructing other volunteers. Approximately 1,315,000 individuals volunteer, and community organizations provide a wide array of services to Head Start, including the donation of classroom space, educational materials, and equipment for children with disabilities.

Since 1965, Head Start has served over 15.3 million children and their families. Head Start plays a major role in focusing attention on the importance of early childhood development. The program also has an impact on: child development and day care services; the expansion of state and local activities for children; the range and quality of services offered to young children and their families; and the design of training programs for those who staff such programs. Outreach and training activities also assist parents in increasing their parenting skills and knowledge of child development.

American Indian Head Start Program

American Indian Head Start supports a rich, diverse and unique Indian language, heritage and legacy. Programs are encouraged to integrate language and culture into their curriculum and program goals. There are more than 84 different Indian languages spoken in Head Start.

As of May 1997, the American Indian Head Start Programs network has 131 funded grantees. These grantees are located in 25 states and represent the following tribes, villages and towns:

- 112 federally recognized Tribes who directly operate programs;
- 3 Inter-Tribal consortia representing 26 reservations, 12 colonies and 14 rancherias;
- 8 Native Alaskan Regional Corporations serving 35 villages and cities.

In FY 1997, 18,550 children are enrolled in American Indian Head Start programs and 320 children are enrolled in Parent Child Centers. The Head Start Bureau provides resources to 4 Tribal Governments to operate Parent Child Centers and to 7 Tribal Governments to operate Early Childhood Centers that serve pregnant women, infants, and toddlers (ages birth to three years). These programs offer a wide range of services to families living on the reservations.

Some 83 percent of Indian Head Start programs are center-based services, and 17 percent feature both center-based and home-based options. The Indian network has 487 centers and 919 classrooms. American Indian and Native Alaskan Head Start programs are typically located in remote areas and are usually small.

The Navajo Nation holds a major grant from the Head Start Bureau to facilitate the transition of Head Start children to the Bureau of Indian Affairs and public schools. Other transition activities are funded with the Crow Tribe, Turtle Mountain Band of Chippewa Indians and the Seminole Tribe of Oklahoma.

Migrant Head Start Program

Services provided by the Migrant Head Start program are identical to those of regular Head Start, but Migrant grantees modify delivery to meet the specific needs of migrant farmworker families. However, the Migrant Head Start program has a unique emphasis on serving infants and toddlers as well as pre-school age children, so that they will not have to be cared for in the fields or left in the care of very young siblings while parents are working. Infants as young as 6 weeks of age are served in Migrant centers.

Making service available to all pre-schoolers (including infants and toddlers) means that both parents can work to maximize the meager earnings from farmwork. Migrant Head Start families earn more than half their annual income from agricultural work and move at least once within each 2-year period in search of farm work. Preference is given to those who must move more often. Families must also meet the annual Head Start poverty income guidelines.

There are two types of Migrant Head Start grantees: Home-Based Grantees are located in the southern part of the United States (generally in California, Arizona, New Mexico, Texas, and Florida), and provide services to mobile migrant farmworker families from October through May. Upstream Grantees (generally in Washington, Idaho, Michigan, Illinois, Maine, Indiana, Wisconsin, Nebraska, and Minnesota) provide services to families as they move northward in search of agricultural work during the spring, summer and fall months.

Families who are in an upstream location working crops rarely have family members who can provide child care outside traditional center hours. Therefore, Migrant centers provide extended day services, usually up to 12 hours a day and up to 7 days a week during the height of the harvest season. Some grantees open and operate centers for as little as six weeks.

Migrant Head Start parents serve on Policy Councils and share decisionmaking with grantees. They volunteer to work at the centers and they attend literacy, ESL, GED, parenting, and safety and health classes.

A total of 25 grantees and 41 delegate agencies provide services in 33 States and serve over 30,000 migrant children.

Improving Head Start

President Clinton has made the expansion and improvement of Head Start a top priority for his Administration. With the bipartisan support of Congress, he has delivered on that promise.

Under the Clinton Administration funding for Head Start has more than doubled, increasing from $2.2 billion in 1992 to $4.66 billion in FY 1999. These addtional funds have enabled Head Start to increase enrollment by over 200,000 children, enhance the quality of Head Start services, launch a new initiative to serve infants and toddlers, and improve program research. In FY 1998, Head Start served an estimated 830,000 children and their families.

On Jan. 12, 1994, the Advisory Committee on Head Start Quality and Expansion, appointed by HHS Secretary Donna E. Shalala, presented recommendations that called for improved staff training and career development, including better salaries for Head Start workers, improving management of local Head Start centers, reengineering federal oversight, and providing for better facilities. Bipartisan legislation was soon introduced to reauthorize and strengthen the Head Start program. The reauthorization bill, which reflected the Administration's commitment to strengthening the quality of all Head Start programs, was signed by President Clinton on May 18, 1994. It included tough new provisions to ensure that no Head Start grantee will be funded if it falls below a minimum quality level and fails to correct deficiencies promptly.

Acting on the committee's recommendation, HHS offered technical assistance, partnership and support to Head Start programs that are ready to pursue excellence -- and terminated the grants of those programs that were not delivering quality services. HHS has helped turn around approximately 120 grantees identified as deficient. Since October 1993, approximately 100 grantees have been terminated or have relinquished their Head Start grants.

New Performance Standards

A cornerstone of the bipartisan 1994 legislation was the requirement to develop a major revision of the Head Start Program Performance Standards -- key regulations that set the guidelines and standards for quality in Head Start programs nationwide.

In the spirit of the Administration's reinvention goals, the revised Head Start Program Performance Standards were developed based on communication with Head Start and early childhood program practitioners. This new version focuses on quality services for children, including infants and toddlers, and their families. It was published as a final rule in the Federal Register on November 5, 1996.

The new guidelines integrate new standards for infants and toddlers, reform the structure of the earlier standards for increased ease of use, incorporate emerging research knowledge and expertise of health professionals, and highlight the importance of collaboration between Head Start programs and the broader community.

Early Head Start

President Clinton's signing of the Head Start Act Amendments of 1994 also established the new Early Head Start program, which expands the benefits of early childhood development to low income families with children under three and to pregnant women.

The purpose of this program is to:

- enhance children's physical, social, emotional and cognitive development;
- enable parents to be better caregivers of and teachers to their children; and
- help parents meet their own goals, including that of economic independence.

The services provided by Early Head Start programs are designed to reinforce and respond to the unique strengths and needs of each child and family. Services include quality early education in and out of the home; home visits; parent education, including parent-child activities; comprehensive health services, including services to women before, during and after pregnancy; nutrition; and case management and peer support groups for parents.

Early Head Start focuses on four cornerstones essential to quality programs: child development, family development, community building and staff development. Projects must coordinate with local Head Start programs to ensure continuity of services for children and families.

In FY 1998, funding for Early Head Start totaled $279 million, or more than 5 percent of the total Head Start budget, which served approximately 39,000 children and their families. In FY 1999, funding for Early Head Start will total nearly $340 million. As part of the President's Child Care Initiative, the administration proposes to more than double the number of children in Early Head Start over 5 years.

New Investments

From 1992 through 1998, HHS will have invested more than $600 million in quality improvements to ensure that every Head Start program works. Head Start programs across the country have used these quality resources to fix leaky roofs, make sure facilities are healthy and safe for children, and hire more teachers to reduce class size and eliminate double-session classes.

Head Start plays an important role as a national laboratory for early childhood development programs. Head Start is now taking up the challenge to focus on measurable results for social competence and school-readiness in young children. To initiate this effort, four major academic institutions and Head Start grantees around the country have formed Head Start Quality Research Centers which are piloting new approaches to measuring and collecting data.

Head Start is also increasing investment in research that follows children and families over time and is collaborating with the National Academy of Sciences and the National Institutes of Health to develop strong scientific research on young children.

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